DLN: 93493135033890 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 D Employer identification number B Check if applicable AMERICAN FEDERATION OF STATE COUNTY □ Address change 31-6044189 ☐ Name change Doing business as AND MUNICIPAL EMPLOYEES ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 390 WORTHINGTON ROAD ☐ Amended return ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 17,561,929 Name and address of principal officer H(a) Is this a group return for CHRISTOPHER MABE ☐Yes **☑**No subordinates? H(b) Are all subordinates ☐ Yes ☐No ıncluded? Tax-exempt status 501(c)(3) 4947(a)(1) or 501(c) (5) ◀ (insert no) If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► NA L Year of formation 1938 M State of legal domicile Summary 1 Briefly describe the organization's mission or most significant activities To unite all employees comprising the State of Ohio workforce Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 31 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 132 **6** Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 39 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenua 16,746,041 16,526,095 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 507,568 520,940 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 48,062 514,894 17,301,671 17,561,929 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 6,586,346 6,311,789 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 10,609,290 10,539,499 17,195,636 16,851,288 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 106,035 710,641 Net Assets or Fund Balances Beginning of Current Year **End of Year** 21,499,998 20,533,959 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 2,321,524 2,576,922 22 Net assets or fund balances Subtract line 21 from line 20 . 18,212,435 18,923,076 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here Christopher Mabe President Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-05-14 P01075757 Paid self-employed Firm's name

HEMPHILL WRIGHT & ASSOCIATES INC Firm's EIN ▶ Preparer Use Only Firm's address ▶ 6100 OAK TREE BOULEVARD Phone no (216) 541-0090 Independence, OH 44131 ☐ Yes ☑ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2019)

Form	990 (2019)					Page 2
Pa	rt III Statement	of Program Service	ce Accomplis	hments		
	Check If Sche	dule O contains a resp	onse or note to	any line in this Part III .		🗆
1	Briefly describe the o	organization's mission				
To ur	nite all employees com	prising the State of Oh	iio workforce			
2	-			vices during the year wh		
	the prior Form 990 o	r 990-EZ?				☐ Yes ☐ No
	•	ese new services on Sc				
3	-	- :	_	changes in how it conduc	cts, any program	
						☐ Yes ☐ No
	If "Yes," describe the	ese changes on Schedu	le O			
4	Section 501(c)(3) an		ons are required	to report the amount of	argest program services, as measur grants and allocations to others, th	
4a	(Code) (Expenses \$	5,216,636	including grants of \$) (Revenue \$)
	See Additional Data					·
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	-					
	-					
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	-					
	-					
4d	Other program service	ces (Describe in Sched	ule O)			
	(Expenses \$	ınc	luding grants of	\$) (Revenue \$)
4e	Total program serv	/ice expenses ►	5,216,6	36		
						Form 990 (2019)

Yes

Yes

Yes

Yes

No

Nο

Nο

No

Nο

No

No

Nο

Nο

Nο

No

Nο

No

Nο

Nο

Nο

Nο

Nο

No

Nο

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Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete No 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Nο Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Nο 3

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4

election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 🛸 . . 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete

Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

6 7 8 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its 11c 11d 11e

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a

Was the organization included in consolidated, independent audited financial statements for the tax year? 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . business, investment, and program service activities outside the United States, or aggregate foreign investments

14a 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

18

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

19

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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Pai	tiV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note.

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Check if Schedule O contains a response or note to any line in this Part V

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

38

Part V

No

38

286

0

1a

1b

Yes

Yes Form **990** (2019)

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Pai				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a		No
5 -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No.
эа b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		NI -
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).	- -		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
u	If fes, indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	\Box		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44.		N-
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b		
	parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No

orm 9	990 (2019)			Page 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lınes 🗸
Sec	tion A. Governing Body and Management			ı
	5-1		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year 1a 31	-		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 31			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
	Did the organization delegate control over management duties customarily performed by or under the direct supervisior of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	<u>e Code</u>		
0-	Did the average have lead about on hypothese as affiliates?	10a	Yes Yes	No
ь	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L 4	Did the organization have a written document retention and destruction policy?	14	Yes	
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
	tion C. Disclosure			
L 7	List the states with which a copy of this Form 990 is required to be filed▶ OH			
	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

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Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	/ees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees	
year .	e this table for all persons require		·						, ,		
of compensa	of the organization's current off ation Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas p	paid				
	of the organization's current key										
who receive	organization's five current high d reportable compensation (Box and any related organizations										
	of the organization's former office e compensation from the organiz						pensat	ed e	employees who rece	ived more than \$10	0,000
organızatıor	of the organization's former dire n, more than \$10,000 of reportab	le compensation	n from t								e
	ions for the order in which to list	•									
☐ Check t	this box if neither the organization		d orgar	nizatio			ensate	d ar	ny current officer, di	rector, or trustee	_
	(A) Name and title	(B) Average hours per week (list any hours for related	than o	ne b	ox, ι n of or/t	t che unles ficer rust	· and a ee)	on	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
See Addition	al Data Table										_
					_						
											_

Form 990 (2019) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours	than o	ne bo	ox, ι n of	t che inles ficer	and a	on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
See Addıtıonal Data Table										

					1
1b Sub-Total	 	 •	>		

T c Total from continuation sheets to Part VII, Section A

•	Total Ironi continuation success to rait vily section A 1 1 1 1 1			
d ·	Total (add lines 1b and 1c)	68		0
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 7			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the			

<u> </u>	otal (add lines 1b and 1c)	,0		
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 7			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		No

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization?If "Yes," complete Schedule J for such person	5		No

			1
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	No
			110
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No
	Etion B. Independent Contractors		
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of c from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	ompens	sation
	(A) (B)		(C)
	Name and business address Description of services		Compensation

5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No				
S	ection B. Independent Contractors		<u>' </u>				
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.							
	(A) (B)		(C)				
	Name and business address Description of services	s	Compensation				

(A) Name and business address	(B) Description of services	(C) Compensation					
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶							
	<u> </u>	Form 990 (2019)					

		(2019)	of Dourse						Page 9
Part	VIII			a respo	onse or note to any	line in this Part VIII			\sqcap
		231 11 341160	- Contains	<u> </u>	S. Hote to dily	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
v	1	a Federated campa	aigns	1a			revenue		312 - 314
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues	5	1 b					
57.0 m		c Fundraising even	ts	1c					
ifts, ar A		d Related organizat	tions	1d					
a, 6		e Government grants	,	1e					
ions		f All other contributio and similar amounts	ns, gifts, grants, s not included	1f					
but the		above g Noncash contributio	ns included in		<u> </u>				
a d		lines 1a - 1f \$		1 g					
<u>ح ج</u>		h Total. Add lines :	1a-1f	•	>				
		5			Business Code	16,221,194	16,221,194		
ı.	2a	Dues			900099	10,221,134	10,221,154		
เคา	ь	Fair Share			900099	-1,360	-1,360		
á		Local Government				306,261	306,261		
'MC+	_				900099				
₽	d								
Program Service Revenue	e								
Ρο		·							
		All other program							
	_	Total. Add lines 2 Investment income			16,526,095	1	T		<u> </u>
		sımılar amounts) .		•	•	520,940	520,940)	
		Income from invest				-			
	5	Royalties	(ı) Re		(II) Personal	·			
	6-	Gross rents	6a			1			
		Less rental	ба			-			
	_	expenses	6b			_			
	С	Rental income or (loss)	6c						
	•	Net rental income	or (loss)	•]			
	_	C	(ı) Secu	rities	(II) Other	-			
	/ 2	Gross amount from sales of assets other	7a						
		than inventory				-			
	b	Less cost or other basis and sales expenses	7b						
		·	_			1			
		Gain or (loss) Net gain or (loss)	7c			_			
		Gross income from fu			· · · •	1			
nue		(not including \$ contributions reported	of d on line 1c)						
eve		See Part IV, line 18		8a					
Other Revenue		Less direct expen Net income or (los		8b					
Othe	•	. Net income or (los	is) Irom Tunurai	sing ev	ents •	1			
	9a	Gross income from See Part IV, line 19		9a					
	ŀ	Less direct expen		9b		-			
	(Net income or (los	s) from gaming	activit	iles				
	10.	aGross sales of inve	entory. Jess						
		returns and allowa	inces	10a					
		Less cost of good		10b	1				
	(Net income or (los Miscellaneo		finvent	Business Code	T			
	11	LaBenefits and Trus			900099	9 171,502	171,502	!	
	ł	Unrealized Gain or	n Inve		900099	9 323,21:	323,211		
									1
	(Sales-Other Incon	ne		900099	9 20,18:	20,181		
		All other revenue							1
		Total. Add lines 1			▶				
	12	2 Total revenue. Se	ee instructions			514,894			
					P	17,561,929	17,561,929	7	0 0 Form 990 (2019)

Form 990 (2019)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must o	complete all columns	All other organizatio	ns must complete colu	ımn (A)
Check if Schedule O contains a response or note to a	ny line in this Part IX		<u> </u>	🗸
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,247,733	3,020,206	2,227,527	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	664,828	374,456	290,372	
10 Payroll taxes	399,228	230,324	168,904	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	3,167		3,167	
12 Advertising and promotion	649		649	
13 Office expenses	69,292	16,191	53,101	
14 Information technology	107,224		107,224	
15 Royalties				
16 Occupancy				
17 Travel				_
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	501,270	58,647	442,623	
20 Interest	6,686		6,686	

8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	664,828	374,456	290,372	
10 Payroll taxes	399,228	230,324	168,904	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				_
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,167		3,167	
12 Advertising and promotion	649		649	
13 Office expenses	69,292	16,191	53,101	
14 Information technology	107,224		107,224	
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	501,270	58,647	442,623	
20 Interest	6,686		6,686	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	118,176		118,176	
23 Insurance	2,234,198	1,290,227	943,971	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Per Capital Tax AFSCME	4,264,593		4,264,593	
b Transportation Costs	259,805	143,178	116,627	

111,777

1,784,347

1,078,315

16,851,288

35,278

48,129

5,216,636

76,499

1,784,347

1,030,186

11,634,652

0

Form **990** (2019)

c Telephone & Internet

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

d Rebates

Form 990 (2019)

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 81,667

2,946,870

20,533,959

2,290,158

9

10c

11

12 13

14

15

16

17

18

19

20 21

22

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24

25

26

27

28

29

30

31

32

33

6,366

25.000

2.321.524

5.512.422

12,700,013

18,212,435

20,533,959

Page **11**

83.105

76,076

2,930,092

21,499,998

2,373,236

87,447

116,239

2.576.922

6,073,794

12,849,282

18,923,076

21,499,998

Form 990 (2019)

Check if Schedule O contains a response or note to any line in this Part IX

Inventories for sale or use .

b Less accumulated depreciation

Intangible assets .

Grants payable

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

basis Complete Part VI of Schedule D

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

or family member of any of these persons .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

		Beginning of year		End of year
1	Cash-non-interest-bearing		1	
2	Savings and temporary cash investments	17,417,277	2	18,410

5,654,179

2,724,087

1	Cash-non-interest-bearing		1	
2	Savings and temporary cash investments	17,417,277	2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	88,145	4	
5	Loans and other payables to any current or former officer, director, trustee.			

3	Pledges and grants receivable, net		3	l
4	Accounts receivable, net	88,145	4	Г
5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$		6	
7	Notes and loans receivable, net		7	Г

10a

10b

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3a

3b

No

Form 990 (2019)

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

Form 990 (2019)

merit system in public service

Form 990, Part III, Line 4a:

Name: AMERICAN FEDERATION OF STATE COUNTY

OCSEA was formed to unite all employees of the State of Ohio and promote their social, economic and political welfare and to strengthen and defend the principles of the

EIN: 31-6044189

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the compensation from related any hours and a director/trustee) organization organizations from the

(W- 2/1099-

(W- 2/1099-

179

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1,445

346

3,180

531

827

2,537

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organization and

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

BOARD MEMBER

BOARD MEMBER

JAMES LAROCCA

JERRY LUGO

DEENA GRAY

BOARD MEMBER

BOARD MEMBER

MICHELLE SMITH

BOARD MEMBER

........ BOARD MEMBER

CARRIE JOHNSON

	organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated	Former	MISC)	MISC)	related organizations
CHRISTOPHER MABE	40 00									
		×		X				55,903	0	0
PRESIDENT	0 00									
GERALD JOLLY	40 00								•	
		×		X				2,906	2,089	0
VICE PRESIDENT	0 00									
KATHLEEN GERSPER	40 00									
	•••••	X		X				6,000	0	0
SECRETARY-TREASURER	0 00									
TERRY DR CHILL	4 00									

		1								
KATHLEEN GERSPER	40 00	×		x				6.000	0	Ī
SECRETARY-TREASURER	0 00	''						0,000	0	L
JERRY BROWN	4 00	×						1.556	1.737	
BOARD MEMBER	0 00	''						1,550	1,737	
SHAWN GRUBER	4 00									Ī
		X	i	i l	l	i	i I	440	179	ı

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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	family flours	ı		ecti	•	usice,	,	(N. 3/1000	(W. 2/1000	mom the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
NACHAEL CHURCH	4 00	×						655	0	0
BOARD MEMBER	0 00									
DOUGLAS KORBA	4 00	×						4,471	0	0
BOARD MEMBER	0 00	l ''						4,471	0	0
JASON UNDERHILL BOARD MEMBER	4 00	×						580	0	0
CHARLES WILLIAMSON BOARD MEMBER	4 00	×						1,263	0	0
WILLIAM VANDYKE	4 00	×						0	0	0
BOARD MEMBER	0 00	l							0	O

7,377

1,675

1,240

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571

3,239

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TIM MCALLISTER

BOARD MEMBER

KAREN RYTHER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

PEGGY JOSEPH

BOARD MEMBER

RONALD ALEXANDER

AMY TURNER

......

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

BOARD MEMBER

BRENDA MABE

BOARD MEMBER

THOMAS DEARTH

NATALIE QUALLS

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

JEFF CONDO

ANNIE PLEASANT COMBS

BOARD MEMBER

	arry riours	""	u un	CCCC	,,, с.	usice,	′	(11, 2,4,000	(14, 5/4,000		
	for related organizations below dotted line)		Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
MATTHEW TYACK	4 00	x						1,480	0	0	
BOARD MEMBER	0 00	l '''						2,100	3		
ERIC KUSKY	4 00	×						1,068	0	0	
BOARD MEMBER	0 00	l						1,008	0	0	
LESLIE TILTON BOARD MEMBER	4 00	×						919	0	0	

	0 00									
LESLIE TILTON	4 00	v				·		919	0	
BOARD MEMBER	0 00	^						, , ,	9	
CATHY DECK	4 00	×						2,324	0	
BOARD MEMBER	0 00							2,324		
SHERRY LITTLE	4 00									
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4,243

637

4,019

980

2,467

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

ANISSIA GOODWIN

TIMOTHY ROBERTS

MELISSA OATNEY

BUFFY ANDREWS

BRIAN EASTMAN

GENERAL COUNSEL

OPERATIONS DIRECTOR

COMPTROLLER

OPERATIONS DIRECTOR

......

GOVERNMENTAL AFFAIRS DIRECTOR

	any hours	and	a dır	recto	r/tr	ustee)	organization	organizations	from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MERCEDES HARE BOARD MEMBER	4 00	×						0	0	0
TIMOTHY SHAFER OPERATIONS DIRECTOR	40 00 0 00				×			104,803	0	0
KELLY BUILLING	40 00									

THOTH SHALEK			χl		104,803	Ō	0
OPERATIONS DIRECTOR	0 00				101,003	3	3
KELLY PHILLIPS	40 00		Ų		115.050		
CHIEF OF STAFF	0 00		×		115,363	U	0
SALLY MECKLING	40 00		v		106,093	0	0
DIRECTOR OF COMMUNICATIONS	0 00				100,093	0	0
LODI ELMODE	40.00						

CHIEF OF STAFF	0 00				113,303	•	
SALLY MECKLING	40 00		×		106.093	0	
DIRECTOR OF COMMUNICATIONS	0 00				100,033	•	
LORI ELMORE	40 00		×		98,063	0	
ORGANIZING DIRECTOR	0 00		^		30,003	0	

40 00

0 00 40 00

0 00 40 00

0 00 40 00

0 00 40 00

0 00

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		l .		ΧI		115,363	(1)	()
CHIEF OF STAFF	0 00			^`		110,000	Š	J
SALLY MECKLING	40 00							
DIRECTOR OF COMMUNICATIONS	0 00			×		106,093	0	0
LORI ELMORE	40 00			Ü		00.063		
		l	i I	- X		98,063	0	0

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105,204

106,054

85,985

104,903

104,967

0

0

0

and Independent Contractors
(A)
Name and Title

ANGELA HARRINGTON

Suhail Zidan

UET Director

DIRECTOR OF EDUCATION

	hours per week (list any hours for related organizations below dotted line)
	40 0
••	0.0

40 00

0 00

(B)

Average

Position (do not check more than one box, unless person is both an officer and a director/trustee) Institutiona employee

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

(C)

(D) Reportable compensation from the organization (W-2/1099-MISC) 83,492 78,041

Reportable compensation from related organizations (W- 2/1099-MISC)

(E)

amount of other compensation from the organization and related organizations

(F)

Estimated

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493135033890

Department of the Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

•	Section 527 organizations Complet			·	
f the	Section 501(c)(3) organizations that Section 501(c)(3) organizations that e organization answered "Yes" or xy Tax) (see separate instruction:		ection 501(h)) Co ider section 501(h	mplete Part II-A Do not o)) Complete Part II-B Do	complete Part II-B o not complete Part II-A
	Section 501(c)(4), (5), or (6) organized me of the organization	zations Complete Part III		Employer ide	entification number
	ERICAN FEDERATION OF STATE COUNTY				
Par	t I-A Complete if the organ	nization is exempt under sectio	n 501(c) or is	31-6044189 a section 527 organ	ization.
1	<u> </u>	ization's direct and indirect political can		_	
2	Political campaign activity expend	itures (see instructions)		>	\$
3	Volunteer hours for political camp	aign activities (see instructions)			
Par	t I-B Complete if the organ	nization is exempt under sectio	n 501(c)(3).		
1	Enter the amount of any excise ta	ex incurred by the organization under se	ection 4955	>	\$
2	Enter the amount of any excise ta	ix incurred by organization managers ui	nder section 4955	>	\$
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	hıs year?		🗌 Yes 🔲 No
4a	Was a correction made?				☐ Yes ☐ No
Par	t I-C Complete if the organ	nization is exempt under sectio	n 501(c), exce	ept section 501(c)(3	s).
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt funct	ion activities	\$
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to other o	rganizations for se	ection 527 exempt	\$
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and or	Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly deliver see (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's fund olitical organization, such	s Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
1					
5					
5					
or F	Paperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C	(Form 990 or 990-EZ) 2019

activity

1

(b)

Amount

(a)

Yes | No

а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
c	Media advertisements?			1		
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)(5)(6).	(5), o	r sect	ion		
	· · · · · · · · · · · · · · · · · · ·				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	Yes	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		No
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."				01 (c)(6)
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Pa	rt IV Supplemental Information	1				

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493135033890

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990,

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

	me of the organization ERICAN FEDERATION OF STATE COUNTY				Employer ic	lentificatior	ı number
AITI	ERICAN FEDERATION OF STATE COUNTY				31-6044189		
Pa	ort I Organizations Maintaining Donor Advis				or Accounts.		
	Complete If the organization answered "Ye	s" on Form 990, Pai (a) Donor ac			(b) Fun	ds and other	accounts
1	Total number at end of year	(a) Donor ac	uvis	eu Turius	(B) Tull	us and other	accounts
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisor	rs in writing that the a	isse	ts held in donor a	l dvised funds are	the	
_	organization's property, subject to the organization's ex			es ricia in donor a	avisca ranas ar		Yes 🗆 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?					rmissible _] Yes □ No
Pa	rt II Conservation Easements. Complete if the organization answered "Ye	s" on Form 990, Pai	rt I	V, line 7.			
1	Purpose(s) of conservation easements held by the organ	nization (check all that	ар	ply)			
	\square Preservation of land for public use (e g , recreation	or education)]	Preservation of a	n historically im	portant land	area
	Protection of natural habitat			Preservation of a	certified historic	structure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation	cor	ntribution in the fo		ation	of the Vear
а	Total number of conservation easements				2a	at the Lina	or the rear
b	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified historic	structure included in	(a)		2c		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and	d no	t on a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguish	hed,	, or terminated by	the organizatio	n during the	
4	Number of states where property subject to conservation	n easement is located	> _				
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		, ıns	spection, handling	of violations,	☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violat	tıon	s, and enforcing o	conservation eas		
7	Amount of expenses incurred in monitoring, inspecting,	handling of violations,	, an	d enforcing conse	rvation easemei	nts during the	e year
8	Page and appearant appearant appearant on the 2/d)				170/5)/4)/8)/.)		
0	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(II)$?	above sausiy the requ	uire	ments of section 1	170(11)(4)(6)(1)	☐ Yes	□ No
9	In Part XIII, describe how the organization reports cons- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organi	ıts ızatı	revenue and expe ion's financial stat	ense statement, ements that de	and scribes	
Pai	t III Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical			her Similar A	ssets.	
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	6 (ASC 958), not to re public exhibition, educ	epor catio	t in its revenue st on, or research in			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ	6 (ASC 958), to report	t ın	ıts revenue stater			
	following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1				~ +		
					* * _		
(ii)Assets included in Form 990, Part X				. ▶\$_		
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1				ancıal gaın, prov	ride the	
а	Revenue included on Form 990, Part VIII, line 1				▶ \$_		
h	Assets included in Form 990, Part X				> ¢		

Cat No 52283D

Schedule D (Form 990) 2019

d Equipment .

Sche	dule D	(Form 990) 2019												Page 2
Par	t III	Organizations M	aintaining Collec	tions of	f Art, H	istori	cal T	reası	ires, o	r Other	Similar A	ssets (c	ontinued)	
3		the organization's acq (check all that apply)	uisition, accession, a	ind other	records,	check a	any of	the fo	llowing t	hat are a	significant	use of its	collection	
а		Public exhibition				d		Loan	or exch	ange prog	ırams			
b		Scholarly research				e		Othe	r					
С		Preservation for future	e generations											
4	Provid Part X	de a description of the	organızatıon's collect	ions and	explain h	now the	y furtl	ner the	e organiz	zation's e	xempt purpo	ose in		
5		g the year, did the org s to be sold to raise fur									nılar	☐ Ye	s □ı	No
Pa	rt IV	Escrow and Cust Complete if the or X, line 21.			on For	m 990	, Part	IV, lı	ne 9, o	r reporte	ed an amou	unt on F	orm 990	, Part
1 a		organization an agent led on Form 990, Part		or other ir	ntermedı	ary for	contri	bution	s or oth	er assets	not	☐ Ye	s 🗆 ı	No
Ь	If "Ye	s," explain the arrange	ement in Part XIII an	d complet	te the fol	llowing	table				Δ	mount		
С		ning balance		,		,				1c				
d	_	ons during the year								1d				
e	Distrib	butions during the year	r							1e				_
f	Endin	g balance								1f				_
2a	Did th	ie organization include	an amount on Form	990, Part	: X, line 2	21, for	escrow	or cu	stodial a	account lia	ability?	☐ Ye	s 🗆 ı	No
b	If "Ye	s," explain the arrange	ement in Part XIII Cl	neck here	ıf the ex	planati	on has	been	provide	d in Part :	XIII			
	rt V	Endowment Fun												
		Complete if the or									L D =	1		
1 2	Reginni	ing of year balance .		(a) Current	t year	(b) ₽	rior yea	ir	(c) Iwo y	ears back	(d) Three ye	ars back	(e) Four ye	ars back
	_	outions	· · · ⊢											
		estment earnings, gair	as and losses											
		or scholarships	· —											
	Other e	expenditures for facilities	<u> </u>											
f	•	strative expenses .												
g	End of	year balance												
2	Provid	le the estimated perce	ntage of the current	vear end	balance	(line 1	ı. colu	mn (a)) held a	s				
а		designated or quasi-e	-	,		` .	,		, ,					
Ь	Perma	anent endowment ►												
С	Temp	orarily restricted endo	wment >											
3а	Are th	ercentages on lines 2a nere endowment funds ization by				on that	: are h	eld an	d admın	ıstered fo	r the		Yes	No
	-	related organizations										3a	n(i)	<u> </u>
b		elated organizations .s" on 3a(II), are the re			· ·	 on Sche	 dule R						(ii) Bb	
4		ibe in Part XIII the inte	-					•	•					
	rt VI	Land, Buildings,	<u>.</u>											
		Complete if the or	ganızation answer											
	Descri	ption of property	(a) Cost or other ((Investment)	basis	(b) Cost	or other	basis (other)	(c) Acc	umulated o	depreciation	(d) Book val	ue
1 ~	Land			901,425										901,425
	Land Building		-	,807,745							1,876,489			1,931,256
		old improvements	<u> </u>	,,,,,,,,,							1,5,0,703			

845,200

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

99,809

10,910

86,501

2,930,092

834,290

13,308

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990) Part IV lin	e 11h See Form 990 1	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Metho	d of valuation -year market value
	al derivatives			
(2) Closely- (3)Other <u> </u>	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	b		
Part VIII	Investments—Program Related.	<u> </u>	- 11- C F 000	Doub V. June 12
	Complete if the organization answered 'Yes' on Form 990 (a) Description of investment), Part IV, lin	(b) Book value	(c) Method of valuation
				Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.	Dawk IV June	11d Co- Form 200 Por	1 V l 1 F
	Complete if the organization answered 'Yes' on Form 990 (a) Description	, Part IV, IIII	e 11d. See Form 990, Par	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
				>
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990	, Part IV, line	e 11e or 11f.See Form	990, Part X, line 25.
1.	(a) Description of liability			(b) Book value
(1) Federal (2)	income taxes			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 25)			116 220
	or uncertain tax positions In Part XIII, provide the text of the footi	note to the org	anızatıon's fınancıal state	116,239 ments that reports the
organization	's liability for uncertain tax positions under FIN 48 (ASC 740) Chec	ck here if the t	ext of the footnote has be	en provided in Part XIII

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Part XI

2

b

c d

e

3

4

Schedule D (Form 990) 2019

2e

3

1,807,171

Page 4

15,754,758

1,807,171 17,561,929

15,066,941

Schedule D (Form 990) 2019

С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses per F Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Retur	n.
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2a

2b

2c

2d

4a

4b

2b

2c

Other (Describe in Part XIII) 2d Add lines 2a through 2d 2e 3 15,066,941 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . 4a 4b 1.784.347 Add lines **4a** and **4b** 4c 1,784,347 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 16.851.288 Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information Return Reference Explanation

See Additional Data Table

Page 5		chedule D (Form 990) 2019	Schedule D (F
	ormation (continued)	Part XIII Supplemental Info	Part XIII
	Explanation	Return Reference	Re

Schedule D (Form 990) 2019

Additional Data

Software ID:

Software Version:

EIN: 31-6044189

Name: AMERICAN FEDERATION OF STATE COUNTY

Supplemental Information

Return Reference

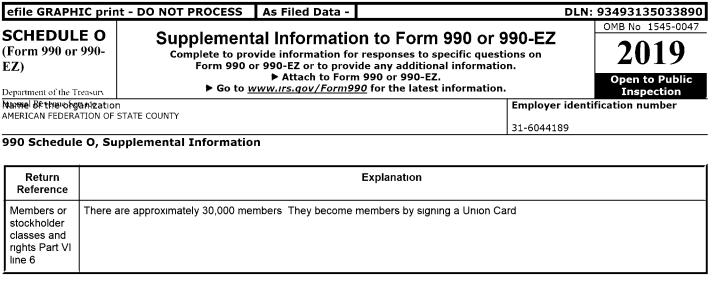
Explanation

Dues for the Chapter, District and Assembly Funds are included in revenue on line 5

Supplemental Information	
Return Reference	Explanation
	OCSEA is exempt from Federal Income Taxes under section 501 (c) (5) of the Internal Revenu e Code OCSEAs Federal exempt organization tax returns are subject to examination by the In

Supplemental Information	
Return Reference	Explanation
Other expenses included on Form 990 (Part XII, line 4b)	Rebates are included on line 5

s



Return Explanation
Reference

Member election for	The President, Vice President and the Secretary-Treasurer are elected every four (4) years by the members that are delegates to the convention
additional	,
members	
Part VI line	

Return Explanation

Governing body by the members that are delegates to the convetion decisions Part VI line 75.

Return Explanation

Form 990 The 990 Tax Return was reviewed and approved prior to filling by the Board Executive Committee, consisting of the President, Vice-President, Secretary and Treasurer along with the Comptroller Part VI line

Return
Reference

Conflict of Conflict of Interest Policy Compliance all employees were required to sign off on the poli

cy and all new employees are required to sign off at the time of employment
policy
compliance
Part VI line
12c

990 Schedule O, Supplemental Information

Return Explanation

Peference

Kelelelice	
CEO	CEO and Comptroller Compensation The Board of Directors approves the salary of the President, CEO and Comptroller
executive	
director top	
management	
comp Part VI	
line 15a	

Return
Reference

Other officer

The Board of Directors approves salaries of all President, CEO and Comptroller Job descri

or key ptions are developed by the Human Resources Department (HR)
employee compensation
Part VI line
15b

Return Explanation
Reference

Reference	
Governing	Governing Documents are made available to the public upon request and many are available through our website
documents	
etc available	
to public Part	
VI line 19	

Return Explanation Reference

List of other Printing and PostageDues & SubscriptionsProfessional feesEquipment rental and repairsRooms and boardUtilitiesRepairs and maintenanceBusiness InsuranceInsurance-MembersDonation & Co expenses Part IX line

ntributionsScholarshipsMiscellaneous ExpensesOrganizingSpecial ProjectsOhio AFL-CIO 24e

990 Schedule O, Supplemental Information

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

Open to Public Inspection

2019

DLN: 93493135033890 OMB No 1545-0047

Internal Revenue Service Name of the organization

(Form 990)

Department of the Treasury

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name, address, and EIN (if applicable) of disregarded entity Column Legal domicile (state or foreign country) To or foreign country				31-60								
Part I Identification of Disregarded Entities. Complete	ıf the organız	ation answe	ered "Yes	s" on Form	990, Part	IV, line 3	-					
(a) Name, address, and EIN (If applicable) of disregarded entity		(b) Primary act	ivity	(c Legal domi or foreign	cile (state country)	(d) Total inco	ime	(e) End-of-year as	ssets	(1 Direct co ent		
		e if the orga	anızatıon	answered	"Yes" on F	orm 990,	Part IV	, line 34 be	ecause	ıt had one or		
(a) Name, address, and EIN of related organization			Legal don	nicile (state	(d) Exempt Cod	e section	Public ch	(e) arity status n 501(c)(3))	Dir	(f) rect controlling entity	(13) co ent	g) n 512(b) ontrolled tity?
(1)Union Benefits Trust 390 Worthington Road Suite B	Insurance Be	nefits		OH	501C9				AFSCME	<u> </u>	Yes	No No
Westerville, OH 430828331 31-6471095	Education As			211	E01C0				AFSCME	-		No.
390 Worthington Road Suite C Westerville, OH 430828331 65-1283930		sistance		УĦ	20169				AFSCME	:		No
											+	-
For Paperwork Reduction Act Notice, see the Instructions for Form	000			t No 5013					6-1	edule R (Form	2007.2	010

(a)		(b)	(c)	(d)	(e)	(f)	(g)	1 4	h)	(i)	1	(j)	(
(a) Name, address, and EIN of related organization			Legal domicile (state or foreign country)	Direct controlling entity	Predominant income(related unrelated, excluded from tax under sections 512-	Share of total income	Share of	Disprop	rtionate tions?	Code V-UB amount in b 20 of Schedule K- (Form 1065	[Gen ox mai pai	ieral or naging rtner?	Perce
					514)			Yes	No	1	Yes	s No	1
												+	
												+	
							-				+		
		1	1				1	1	1				
Identification of Related Organ because it had one or more related						nization ans	wered "Ye	s" on F	orm 9	990, Part I	V, lın	e 34	
		a corporati		st during th	(d) t controlling Ty entity (C o	(e)	(f) Share of total	Share	(g) of end- year assets	-of- Perc	V, lin (h) entage		(ı Section (13) coi
because it had one or more related (a) Name, address, and EIN of	d organizations treated as	c a corporati	(c) Legal	st during th	(d) t controlling Ty entity (C o	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perc	(h) entage	s ((I Section 13) cor enti Yes
because it had one or more related (a) Name, address, and EIN of	d organizations treated as	c a corporati	(c) Legal Smicile or foreign	st during th	(d) t controlling Ty entity (C o	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perc	(h) entage	s ((ı Section (13) cor enti
because it had one or more related (a) Name, address, and EIN of	d organizations treated as	c a corporati	(c) Legal Smicile or foreign	st during th	(d) t controlling Ty entity (C o	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perc	(h) entage	s ((ı Section (13) cor enti
because it had one or more related (a) Name, address, and EIN of	d organizations treated as	c a corporati	(c) Legal Smicile or foreign	st during th	(d) t controlling Ty entity (C o	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perc	(h) entage	s ((ı Section (13) cor enti
because it had one or more related (a) Name, address, and EIN of	d organizations treated as	c a corporati	(c) Legal Smicile or foreign	st during th	(d) t controlling Ty entity (C o	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perc	(h) entage	s ((ı Section (13) cor enti
because it had one or more related (a) Name, address, and EIN of	d organizations treated as	c a corporati	(c) Legal Smicile or foreign	st during th	(d) t controlling Ty entity (C o	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perc	(h) entage	s ((ı Section (13) cor enti

No

Schedule R (Form 990) 2019

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1 b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1 d		No
e Loans or loan guarantees by related organization(s)	1e		No

ı	Loans or loan guarantees to or for related organizati	on(s)																				1 d	
•	Loans or loan guarantees by related organization(s)																					1 e	Ι
	Dividends from related organization(s)																					1f	
	Sale of access to related organization(s)	•	•	•	•	•	 •	•	•	•	•	 •	•	•	 •	•	•	•	•			10	+

 ${f m}$ Performance of services or membership or fundraising solicitations by related organization(s)

a	Loans or loan guarantees to or for related organization(s)	14		140
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1 f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		No

$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)				1n Yes	
$oldsymbol{o}$ Sharing of paid employees with related organization(s)					1o Yes	
p Reimbursement paid to related organization(s) for expenses					1p	No
q Reimbursement paid by related organization(s) for expenses					1q Yes	
${f r}$ Other transfer of cash or property to related organization(s)					1r	No
f s Other transfer of cash or property from related organization(s)					1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete this line	, including covered re	elationships and trar	nsaction thresholds		
(a) Name of related organization		(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount involve	ed

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

as not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	domicilo	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) The all partners section 501(c)(3) Trganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General (managin partner	,	(k) Percentage ownership
			514)	Yes	No			Yes	No	1	Yes	No	
<u> </u>										Schedul	e R (Form	1 990	0) 2019

